

## **REMARKS / ARGUMENTS**

Claims 69-75 are pending in this application. Claims 20-25 have been canceled without prejudice.

Claims 20-22, 69, 71, 74 and 75 were rejected as being anticipated by Thompson et al. (U.S. Patent No. 6,152,920). Claim 70 was rejected as being obvious over Thompson. Claims 23, 24, 25, 72 and 73 were rejected as being obvious over Thompson in view of Cox et al. (U.S. Patent No. 6,161,543).

### **Discussion**

Amended independent claim 69 is patentable over Thompson since Thompson does not disclose or suggest the steps of “gripping an epicardial surface around an external surface of a circumference of the heart with the gripper device to encircle a portion of the heart on the epicardial surface; and applying said ablator to said epicardial surface such that cardiac conductive tissue is ablated to create a lesion which encircles the heart around the circumference of the heart.” Thompson discloses epicardial ablation techniques at col. 19, line 63 to col. 20, line 32. Notably Thompson suggests epicardial ablation using the embodiments of Figs. 10a-16 which do not include the clamp-type devices described later in the application.

Thompson does describe a clamping device for ablating tissue, however, the clamping device is used to create a relatively small lesion on the atrial appendage as shown in Fig 26. Applicants submit that it would not have been obvious to apply the clamping device of Thompson to encircle a circumference of the heart since Thompson arguably teaches away from use in this manner. Thompson mentions a high prevalence of atrial fibrillation proximate to the pulmonary veins which would require a rather large circumferential lesion for isolation as opposed to the relatively small lesion associated with the atrial appendage. Thompson suggests that the non-clamp ablation devices could be used to create lesions proximate the pulmonary veins but then states that it is “very

difficult to achieve suitable contact between the tissue and the electrodes. Thus, it is preferable to perform endocardial ablation around or between the pulmonary veins in the manner described below" (see col. 20, lines 18-33 and col. 21, lines 55-58).

Thus, Applicants submit that Thompson clearly does not suggest using clamp-type devices for epicardial procedures other than the atrial appendage and clearly does not suggest using a clamp type device to encircle a circumference of the heart as claimed. In fact, Thompson suggests that forming endocardial lesions when isolating the pulmonary veins would be preferable to forming epicardial lesions. As such, Applicants submit that it would not have been obvious to use the clamp-type ablating devices of Thompson to ablate a circumference of the heart as claimed.

### CONCLUSION

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 415-412-3322.

Respectfully submitted,

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Date

  
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